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CONFIRMATION NO. 8164

<b>SERIAL NUMBER</b> 10/774,231	<b>FILING OR 371(c) DATE</b> 02/06/2004 <b>RULE</b>	<b>CLASS</b> 433	<b>GROUP ART UNIT</b> 3732	<b>ATTORNEY DOCKET NO.</b> JPP-1284NP
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## APPLICANTS

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## \*\* CONTINUING DATA \*\*\*\*\*

This appln claims benefit of 60/445,923 02/06/2003 *mp*

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

*None mp*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\*  
05/06/2004

\*\* SMALL ENTITY \*\*

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY CT	SHEETS DRAWING 3	TOTAL CLAIMS 47	INDEPENDENT CLAIMS 2
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged Examiner's Signature <i>mp</i> Initials				

## ADDRESS

34214

## TITLE

Method of manufacturing dental posts, obturators and restorations

<b>FILING FEE RECEIVED</b> 693	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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